ST. MARY'S CARE CENTER
1347 FISH HATCHERY ROAD

MADI SON Phone: (608) 257-0781 Ownershi p: Nonprofit Church/Corporation 53715 Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 184 Yes Total Licensed Bed Capacity (12/31/01): 184 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 153 Average Daily Census: 153 \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 6
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	9.8	More Than 4 Years	20. 3
Day Services	No	Mental Illness (Org./Psy)	3. 9	65 - 74	10. 5		
Respite Care	No	Mental Illness (Other)	2. 0	75 - 84	29. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 7	85 - 94	41. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	9. 2	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 6	Í		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	9. 8		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 5	65 & 0ver	90. 2		
Transportation	No	Cerebrovascul ar	14. 4			RNs	10. 0
Referral Service	No	Di abetes	0.0	Sex	% i	LPNs	12. 9
Other Services	No	Respi ratory	5. 9		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	50. 3	Male	26. 1	Aides, & Orderlies	43. 2
Mentally Ill	No	İ		Femal e	73. 9		
Provi de Day Programmi ng for		İ	100.0				
Developmentally Disabled	No				100. 0		
***********	****	***********	*****	************	******	***********	*****

## Method of Reimbursement

<del></del>		ledicare litle 18)			Medicaid (Title 19)		0ther		Pri vate Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total n Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	24	100.0	321	77	96. 3	109	5	100. 0	109	42	100.0	147	0	0.0	0	2	100.0	250	150	98. 0
Intermediate				3	3.8	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		80	100.0		5	100. 0		42	100.0		0	0.0		2	100. 0		153	100. 0

\_\_\_\_\_\_

ST. MARY'S CARE CENTER

Admissions, Discharges, and	ı	Percent Distribution	of Residents'	Condi t	ions, Services, ar	nd Activities as of 12/	/31/01
Deaths During Reporting Period	Į.				% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0. 5	Daily Living (ADL)	Independent		Or Two Staff	, , , , , , , , , , , , , , , , , , , ,	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	7. 8		63. 4	28. 8	153
Other Nursing Homes	1. 3	Dressi ng	9.8		71. 2	19. 0	153
Acute Care Hospitals	96. 7	Transferring	15. 7		62. 7	21. 6	153
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 5		69. 9	19. 6	153
Rehabilitation Hospitals	0.0	Eating	62. 7		24. 2	13. 1	153
Other Locations	0. 5	********	*******	*****	*******	*********	*********
Total Number of Admissions	553	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.8	Receiving Resp	iratory Care	9.8
Private Home/No Home Health	9. 1	Occ/Freq. Incontinen		<b>56</b> . 9	Receiving Trac		0. 0
Private Home/With Home Health	40. 1	Occ/Freq. Incontinen	t of Bowel	41.8	Receiving Suct	i oni ng Č	2. 0
Other Nursing Homes	2.8	•			Receiving Osto	omy Care	2. 6
Acute Care Hospitals	27. 4	Mobility			Recei vi ng Tube	Feedi ng	2. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	9.8	Receiving Mech	anically Altered Diets	37. 3
Reĥabilitation Hospitals	0.0	i i			8	3	
Other Locations	7. 6	Skin Care			Other Resident C	Characteri sti cs	
Deaths	13. 1	With Pressure Sores		9.8	Have Advance D	i recti ves	94. 1
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	541				Receiving Psyc	hoactive Drugs	50. 3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Li censure: 100-199 Al l Thi s Nonprofit Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83. 2 89. 4 0.93 83. 8 0.99 84.3 0.99 84. 6 0.98 Current Residents from In-County 89. 5 82.7 1.08 84. 9 1.06 82.7 1.08 77. 0 1. 16 Admissions from In-County, Still Residing 11.0 25.4 0.43 21.5 0.51 21.6 0.51 20.8 0.53 Admissions/Average Daily Census 361.4 117.0 3.09 155. 8 2.32 137. 9 2.62 128. 9 2.80 Discharges/Average Daily Census 353.6 3.03 156. 2 2. 26 139. 0 2.54 130.0 2.72 116.8 Discharges To Private Residence/Average Daily Census 173.9 42. 1 4. 13 61.3 2.84 55. 2 3. 15 52.8 3.30 Residents Receiving Skilled Care 98. 0 93.4 1.05 93. 3 1. 05 91.8 1.07 85. 3 1. 15 Residents Aged 65 and Older 90. 2 96. 2 0.94 92.7 0.97 92. 5 87. 5 0.98 1.03 Title 19 (Medicaid) Funded Residents 52.3 57.0 0.92 0.81 64.3 68. 7 64. 8 0.81 0.76 Private Pay Funded Residents 25.6 22. 0 1. 25 27. 5 35. 6 0.77 23. 3 1. 18 1.07 0.6 0.9 0.00 1. 2 7. 6 Developmentally Disabled Residents 0.0 0.00 0.00 0.00 Mentally Ill Residents 5. 9 37.4 0.16 37. 7 0.16 37.4 0.16 33. 8 0.17 General Medical Service Residents 50.3 21.4 2.35 21.3 2.36 21. 2 2.37 19.4 2.59 49.3 Impaired ADL (Mean) 51.7 0.96 49. 6 1.00 49.6 1.00 1.01 49.8 Psychological Problems 50.3 52.8 0.95 53. 5 0.94 54. 1 0.93 51. 9 0.97 Nursing Care Required (Mean) 8. 0 6.4 1. 25 6. 5 1. 24 6. 5 1. 23 7. 3 1. 09